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CONFIRMATION NO. 6059

<b>SERIAL NUMBER</b> 10/623,957	<b>FILING OR 371(c) DATE</b> 07/21/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 1842-0019
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**APPLICANTS**  
 Wesley D. Johnson, Eden Prairie, MN;  
 Tyler Lipschultz, Minneapolis, MN;  
 Larry Wales, Maplewood, MN;  
 Robert Kieval, Medina, MN;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/872,905 06/01/2001 PAT 6,595,998 which claims benefit of 60/274,372 03/08/2001 *ok*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 11/05/2003 **\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 1119	<b>INDEPENDENT CLAIMS</b> 101
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**ADDRESS**  
28078

**TITLE**  
Tissue distraction device

<b>FILING FEE RECEIVED</b> 1941	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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